



### National Practitioner Data Bank (NPDB) and Health Integrity and Protection Data Bank (HIPDB)

# Integrated Querying and Reporting Service (IQRS) User Review Panel (URP)

#### **Darryl Gray**

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### **Spring 2004 IQRS URP**

### **Pro-Active Disclosure Service (PDS)**

(Darryl Gray)







- The Division of Practitioner Data Banks (DPDB) is exploring the feasibility of providing a Pro-Active Disclosure Service (PDS) to respond to industry regulations and to provide increased value to its customers.
  - PDS would notify entities automatically when the Data Banks receive new reports on subjects of interest.
- A PDS has the potential to improve entities' health care quality by substantially reducing the time between the Data Banks' receipt of a subject report and the interested entities' notification of that report.
  - Current Data Bank functionality and query process will not change.
    - PDS will be an optional service.







- National Committee for Quality Assurance (NCQA) monitoring standard for Managed Care Organizations (MCOs) states: "There are policies and procedures for the on-going monitoring of Medicare and Medicaid sanctions, sanctions or limitations on licensure, and complaints..."
  - Development of a PDS could potentially assist entities in satisfying the requirement to conduct on-going monitoring.
    - Entities currently spend numerous hours manually searching various sources and databases to conduct on-going monitoring of practitioners.
    - PDS could alleviate this process by pro-actively disclosing reports of interest to entities.







- DPDB, in conjunction with SRA International, Inc. (SRA), solicited information on the PDS concept by administering discussion group sessions in several select regions nationwide with a diverse group of NPDB-HIPDB customers.
  - The discussion groups were conducted to ascertain customer interest in a PDS and to gain important customer requirements for the service.
  - DPDB will use this information to identify the PDS features that would best address the requirements for on-going monitoring of practitioners.







#### Locations.

- Discussion groups consisted of approximately 6-11 participants each in 11 different cities across the United States.
  - The decision to conduct a discussion group in a particular city rested upon concentrated customer query volume for each Data Bank.
  - Each invitee was within 40 miles of their respective city center.

San Francisco

 Selected cities represented a wide geographic range and included: Boston, Hartford, New York, Baltimore, Tampa, Chicago, Minneapolis, Phoenix, San Francisco, Los Angeles, and Dallas.





# HIP DB

### Pro-Active Disclosure Service

Each discussion group was separated into four primary sessions focusing on:

**Boston** 

- Current NPDB-HIPDB Operations.
- PDS Delivery Method Options.
- PDS Fee Structure Options.
- Participant Customized PDS Systems.







- Current NPDB-HIPDB Operations.
  - Participants provided beneficial feedback that reflected a positive perception of Data Bank content, functionality, quality, and responsiveness. Participants also provided ideas for future enhancements to the Data Banks.
  - Participants displayed general concern over reporting habits of entities (timeliness, thoroughness).
  - On-going enrollment tends to be a manual rather than an automated process.
  - Participants generally query the Data Banks during initial credentialing, recredentialing, and when there are changes in privileges (usually the Data Banks are monitoring, primarily due to cost).
  - Many hospitals expressed significant interest in querying HIPDB. However, most are not authorized to do so under existing law.







- Current NPDB-HIPDB Operations.
  - Participants were asked to explain what factors most influenced their credentials verification process.
    - Regulatory Requirements.
      - Cost vs. Trust Liability drives the process. Participants noted the need to balance long-term perspective with lawsuit costs. This process is driven primarily by regulations and accreditations (e.g., NCQA, Joint Commission on Accreditation of Healthcare Organizations [JCAHO]).
    - Quality of Patient Care.
      - Greatly increases demand for a PDS by mitigating risk.
        - May reduce lawsuits and level of resources required for credentialing process.
    - Ethics overarching need to "do what is right" for the patient (predominantly through hospitals represented in groups).







- Delivery Options.
  - Participants were asked for feedback on each primary option as well as other attributes related to PDS report delivery.
  - The four delivery options include:
    - Entity Notified of a New Report, then Entity Queries to Receive New Report.
    - Entity Notified of New Report, then Entity Queries to Receive Copy of all Reports on Enrolled Subject.
    - Entity Provided with Copy of New Report.
    - Entity Provided with Copy of all Reports on Enrolled Subject.







- Fee Structure Options.
  - Participants were asked for feedback on each primary option as well as other attributes related to PDS billing processes and procedures.
  - The three fee structure options included:
    - Flat Fee for Service All entities pay the same fee to subscribe to the PDS regardless of the number of subjects enrolled.
    - Fee per Individually Enrolled Subject Entities pay a fee for each individual subject enrolled in the PDS.
    - Fee for Blocks of Subjects Entities pay a fee based on the number of subjects enrolled in the PDS. Fees are graduated where the actual cost per subject declines when the number of enrolled subjects increases.





## Pro-Active Disclosure Service Custom Package Results



Delivery Method	Enrollment	Subscription Timeframe	Notification Frequency	Incentives	Fee Structure	Additional Requirements Requested
Entity provided with copy of new report.     Create option to receive historical reports as well.	Enroll all subjects in batch data dump at onset.      Updates to the initial batch available at any time by providing a new batch dump to overwrite the original.      Capability (e.g., separate screen) for manual add/deletes if batch is not practical for entity.      Capability (e.g., box on initial screen) to enroll individually.	• Annual.	Immediate (Daily). Weekly notifications considered if significant cost savings. Non-subject identifying notifications sent via e-mail with detailed report information contained in secure IQRS.	Multiple subscription periods.     Early renewal.     Dual Data Bank (if savings are sufficient).      Dalla	<ul> <li>Fee for blocks of subjects.</li> <li>Blocks, based on number of subjects enrolled in PDS, start with small ranges and widen gradually.</li> <li>Regular stream of payments rather than initial outlay of entire cost.</li> <li>Blocks could be set based on the size of the entity rather than number of subjects enrolled in the PDS.</li> <li>Above option did not surface until the end of the sessions, therefore comprehensive feedback is not available.</li> </ul>	Enrollment confirmation available at any time (include name, license, enrollment date, Social Security Number).     Confirmation should also include rejected names and reason for rejection.     Summary Report (listed alphabetically, including history of PDS notifications and enrollment date).









### **User Feedback Session**





### Spring 2004 IQRS URP Conclusions



- Demand for the system continues to increase; we will continue to monitor performance and proactively make improvements that will sustain and improve processing and reduce turnaround time.
- Outreach through mailings, newsletters, and the information web site help to keep Data Bank customers informed.
- User Feedback Mechanisms are available: Customer Service Center (telephone, 1-800-767-6732; e-mail, npdb-hipdb@sra.com), and the IQRS URP.
- The IQRS URP helps to guide the Data Banks. We take URP input very seriously and we schedule most URP ideas for implementation.
- We greatly appreciate your efforts to help us improve the Data Banks.

